

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 05/23/03.

### **I. DISPUTE**

Whether there should be reimbursement for prescriptions for the dates of service 01/13/03 through 06/09/03.

### **II. RATIONALE**

The Requestor billed the Respondent \$1,618.64 for prescriptions and the respondent made no reimbursement.

The carrier did not submit any EOBs or documentation to support their position.

According to rule 134.504(b) a claimant seeking reimbursement, shall submit receipts indicating the amount paid. The claimant submitted receipts indicating what was paid for the dates of service in dispute, as required per the rule referenced.

Therefore, based on this information reimbursement is recommended.

### **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$1,618.64** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Decision and Order is hereby issued this 13th day of January 2004.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division

Roy Lewis, Supervisor  
Medical Dispute Resolution  
Medical review Division

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